



APPLICATION FOR SANITARY PUMPER LICENSE
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF WATER QUALITY
SFN 4869 (2-00)

(Indiv/Ptrnrshp)

CHECK ONE <input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> RENEWAL APPLICATION			
Name of Operator	Telephone Number	County	
Residence Address	City	State	Zip Code
Name of Owner	Telephone Number	County	
Residence Address	City	State	Zip Code
Name of Business			Telephone Number
Business Address	City	State	Zip Code
Type of Business <input type="checkbox"/> Individual <input type="checkbox"/> Partnership			
Type of Equipment			Number of Servicing Units
PROPOSED AREA OF OPERATION - LIST COUNTIES ONLY			
Surety Bond Company		Bond Number	
LICENSE FEE ENCLOSED			\$

I am applying for a license to clean, pump, and service cesspools, septic tanks, privies, chemical toilets, or holding tanks, for transfer of any kind of liquid wastes or by-products of commercial or industrial processes, subject to the provisions of the North Dakota Administrative Code, Article 33-21 as amended, and to the rules and regulations adopted by the State Department of Health.

STATE OF NORTH DAKOTA)
) : SS.
County of _____)

Signature of Applicant

On this _____ day of _____, 20____, before me, a notary public within and for said County and State, personally appeared _____, known to me to be the person who is described in and who executed the within instrument, and acknowledged to me that he/she executed the same, having been duly sworn, states to the best of his/her knowledge and belief the statements in the foregoing application are true.

(Notary's seal)

Subscribed and sworn to before me

Notary Public, _____ County, North Dakota
My commission expires _____

ND Department of Health

Division of Accounting

Date Received: _____

Amount Received: _____

Cash MO or Ck# _____

INSTRUCTIONS

Obtain a surety bond for \$1,000 to send in with your application for a pumper's license.

This application must be signed in front of a notary public.

Figure your license fee from the chart to the right. Obtain a postal money order, bank draft, or certified check payable to the State Department of Health to send in with your application.

Mail the application, surety bond, and license fee to:

NORTH DAKOTA DEPARTMENT OF HEALTH
ACCOUNTING
600 EAST BOULEVARD AVENUE
BISMARCK, ND 58505-0200

LICENSE FEES

NORTH DAKOTA RESIDENT NEW APPLICATION

\$50.00 for one complete unit
(including pump & transport)

\$15.00 each additional unit

NORTH DAKOTA RESIDENT RENEWAL APPLICATION

BEFORE MARCH 1

\$15.00 per unit

AFTER MARCH 1

\$50.00 first unit

\$15.00 each additional unit

NON-RESIDENT NEW APPLICATION

\$100.00 for one complete unit
(including pump & transport)

\$50.00 each additional unit

NON-RESIDENT RENEWAL APPLICATION

BEFORE MARCH 1

\$15.00 per unit

AFTER MARCH 1

\$100.00 first unit

\$50.00 each additional unit